



**OFFICE OF CHIEF OF POLICE
TOWN OF DUNSTABLE
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APPLICATION FOR PERMIT TO SOLICIT

NAME: _____ **ADDRESS:** _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

PLACE OF BIRTH: _____ **DRIVERS LICENSE NUMBER:** _____

IF NATURALIZED, GIVE DATE AND PLACE: _____

MOTHERS MAIDEN NAME: _____ **FATHERS NAME:** _____

NATURE OF BUSINESS FOR WHICH PERMIT IS REQUESTED: _____

NAME OF COMPANY BEING REPRESENTED: _____

ADDRESS OF COMPANY: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP:** _____

ARE YOU RESIDING TEMPORARILY IN THE AREA? YES NO

IF YES, ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

IF MEMBER OF A GROUP, NAME OF PERSON IN CHARGE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS OR ANY STATE? YES NO

IF SO, STATE WHEN AND WHERE: _____

DATE: _____ **MV REGISTRATION:** _____ **TYPE:** _____

COLOR: _____ **YEAR:** _____